



Global AIDS Program

Country Profile — *Malawi FY2004*

Under the direction of the U.S. Global AIDS Coordinator's Office, the HHS/CDC Global AIDS Program (GAP) is a proud partner in the unified U.S. Government effort to implement the President's Emergency Plan for AIDS Relief. GAP helps resource-constrained countries prevent HIV infection; improve treatment, care and support for people living with HIV; and build capacity and infrastructure to address the global HIV/AIDS pandemic.



HIV/AIDS Situation in Malawi

HIV Infected: 900,000¹
AIDS Deaths: 84,000¹
AIDS Orphans: 500,000¹

In 2003, it was estimated that 14.4 percent of adults aged 15 to 49 years were infected with HIV. The estimate for new HIV infections in the total population in 2003 was approximately 110,000. Over 70 percent of hospital beds are occupied by people with HIV/AIDS-related conditions. Surveys of tuberculosis (TB) patients show that approximately 70 percent are co-infected with HIV. Life expectancy was estimated to have been over 55 years without AIDS, but has dropped to 37 years as a result of AIDS.

About GAP Malawi

Year Established: 2001

FY 2004 Core Funds: \$2.43 million US

FY2004 Emergency Plan Funds: \$500,000*

In-country Staffing: 3 CDC Direct Hires; 5 Locally Employed Staff; 5 Contract Staff

Through FY04, GAP Malawi's financial and technical assistance has had a strong focus on the public sector working with National AIDS Commission (NAC) and the Ministry of Health (MOH).

When GAP Malawi initiated its program in 2001, Malawi lacked fundamental "building blocks" such as a National HIV/AIDS Policy, National Voluntary HIV Counseling and Testing (VCT) Guidelines, VCT and surveillance protocols and training documents, a national HIV Public Health Reference Lab, and other key components for implementation. The process of developing these building blocks has been slow but is almost complete although revisions and enrichment will be required on an ongoing basis. Now that the national "building blocks" and plans are in place, GAP Malawi is expanding its focus to pilot interventions in which MOH expresses interest but has not been able to implement and to strengthen key nongovernmental organizations (NGOs). Which can serve as national models and provide training.

GAP Malawi has supported the development of public health management skills through ongoing technical assistance as well as sending promising and strategically placed individuals from institutions partnering with CDC to attend public health management courses and trainings. The efforts of GAP Malawi are enhanced by positive collaborative relationships it enjoys with U.S. Government (USG) agencies and other local donors and the value of coordination shared by these agencies.

Challenges to Program Implementation

Malawi faces a critically short supply of public health workers, health care providers, facilities, equipment, transportation, and medicines. GAP continues to look for new ways to provide much needed services to the Malawian population. With governmental organization lacking, GAP is working to strengthen NGOs through technical and financial assistance, both to strengthen private sector services delivery and to enhance public sector services through private sector pathways.

Website:

www.cdc.gov/gap



¹ UNAIDS, Report of the Global AIDS Epidemic, 2004.

* Supplemental funds received from the President's Emergency Plan for AIDS Relief.



FY2004 GAP Malawi Achievements

Number of individuals who received counseling and testing at CDC/GAP-supported sites	64,286
Number of country nationals trained in the provision of laboratory activities	57
Number of HIV tests performed at CDC/GAP-supported laboratories	158,900
Number of individuals trained in surveillance methods and operations	3
Number of individuals trained by CDC/GAP for a technical program area	380
Number of organizations/agencies receiving CDC/GAP support for monitoring and evaluation activities	4

Data above are from GAP Malawi's 2004 Annual Report.

Critical Interventions for HIV/AIDS Prevention

- ◆ Providing the population with accurate and comprehensive HIV counseling and testing services is critical to arresting the spread of the epidemic. GAP provided technical and financial assistance to the Malawian government's efforts to create a national training program for counseling and testing using standard materials.
- ◆ Recognizing that many HIV patients also have tuberculosis (TB), GAP along with the MOH, has worked to identify TB/HIV co-infected patients for treatment and prevention interventions, and has supported expanding TB/HIV activities to 15 hospitals.
- ◆ GAP has worked with the MOH and NAC to develop and reach a consensus on an expansion plan for national VCT centers to provide greater access to the population.

Critical Intervention for HIV/AIDS Surveillance and Infrastructure Development

- ◆ To help Malawi update its information technology (IT) systems, GAP has purchased additional IT equipment for the MOH. GAP has also developed and implemented a touch-screen computer system to improve accuracy and completeness of VCT data.
- ◆ Malawi suffers from a severe lack of infrastructure to address the growing HIV/AIDS problem. GAP is working to correct this deficiency by conducting workshops that focus on capacity building training and the development of technical and general reports for multi-level dissemination.
- ◆ To better understand the nature of the HIV/AIDS epidemic, GAP provided financial and technical support in the development and conduct of both the Behavioral Surveillance Survey (BSS) and the 2004 Malawi Demographic Health Survey Plus (DHS+).
- ◆ GAP finalized plans with the MOH to conduct a national evaluation of seven HIV rapid test and three HIV enzyme immunoassay tests (EIAs). This evaluation will help strengthen national policy for rapid HIV testing kits and algorithms, and pave the way for quality assurance of HIV testing.
- ◆ In collaboration with the HUTAP (Harvard University Technical Assistance Partner) enhancements to pre-service training for lab technicians are being implemented to strengthen HIV testing and lab staffing capacity.

